

Town of North Hempstead

Department of Building Safety, Inspection & Enforcement

210 Plandome Road, Manhasset, NY 11030-2326 • Tel. 516-869-6311 • Fax 516-869-7662

www.northhempsteadny.gov

Zone: _____

Application Number: _____

Permit Number: _____

NASSAU COUNTY FIRE MARSHAL FILING AFFIDAVIT

Fire Sprinkler []

Fire Alarm []

Section: _____ Block: _____ Lot (s): _____ Date: _____

Address of Permit Activity:

Address: _____ City _____ State _____ Zip _____

Owner's Information:

Last Name: _____ First Name: _____

Corporation Name: _____

Address: _____ City _____ State _____ Zip _____

Tel #: _____ Cell #: _____ E-mail: _____

Sprinkler/Fire Alarm Installers Info:

N.C.F.M. / N.Y.S. License #: _____

Last Name: _____ First Name: _____

Corporation Name: _____ T. N. H. License #: _____

Address: _____ City _____ State _____ Zip _____

Tel #: _____ Cell #: _____ E-mail: _____

Description of Work:

Date of application filing with N.C.F.M: _____

I submit this affidavit with full knowledge that the Building Department and the Town of North Hempstead relies upon the truth of the statements and information contained herein. _____ (Installer) deposes and says that he/she has the current licenses and insurances required by the Nassau County Fire Marshal's office and has submitted the required applications and/or plans to the Nassau County Fire Marshal's office for review for the work indicated above and in lieu of a filing receipt from the Fire Marshal's office submits this affidavit as proof of the filing of said applications.

Signature of Installer _____

Sworn to me this _____ Day of _____, 20 _____

Signature of Notary Public _____